

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10686593
APPLICANT(S) _____

FILED DATE _____

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
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| | IND | DEP | IND | DEP | IND | DEP |
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| TOTAL DEP. | 11 | | | | | |
| TOTAL CLAIMS | 12 | | | | | |

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